

Customer Work Order

# F16 CAMERA SERVICE

Please complete work order & include with your equipment

CHRISTIAN NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

(Please tick requirement)

ESTIMATE REQUIRED: \_\_\_\_\_ INSPECTION REPORT/QUOTATION FOR INSURANCE: \_\_\_\_\_

URGENT CHARGE REPAIR (Estimate/quote not required): \_\_\_\_\_

## EQUIPMENT

MAKE & MODEL: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

ACCESSORIES INCLUDED: \_\_\_\_\_

FAULTS TO BE REPAIRED: \_\_\_\_\_

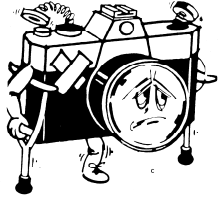
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Tear bottom mailing label:*

**F16 CAMERA SERVICE**

**243 VICTORIA AVENUE**

**MARGATE QLD 4019**



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